

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

18446

1. PLACE OF DEATH

County Jefferson Registration District No. 421
Township Festus Primary Registration District No. 4249
City Festus (No. _____) St. _____ Ward _____

File No. _____

Registered No. 62

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 - 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Construction

10. Date deceased last worked at this occupation (month and year) 1924 11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Catawissa, Mo. Jeff. Co.

MOTHER FATHER 13. NAME William E. Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morris Mill, Mo.

MOTHER 15. MAIDEN NAME Elicia Bellick

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morris Mill, Mo.

17. INFORMANT (ADDRESS) Mrs. Marie Davis, Festus, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Festus, Mo. DATE June 1, 1931

19. UNDERTAKER (ADDRESS) Dresler & Ormand, Festus, Mo.

20. FILED 6/11/31 J.E. Rutledge, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29, 1931

22. HEREBY CERTIFY, That I attended deceased from May 15, 1931, to May 29, 1931
I last saw him alive on May 27, 1931 Death is said to have occurred on the date stated above, at 7:15 p.m.
The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungs. Date of onset 1929

Other contributory causes of importance: None

Name of operation _____ Date of _____
What test confirmed diagnosis? Laboratory Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) J.E. Rutledge, M. D.
(Address) Festus, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

JUN 27 1931

